

**FEE:**

OFFICE OF THE  
**BOARD OF HEALTH**  
13 East Central St., Natick MA 01760

Telephone 508-647-6460  
Fax 508-647-6466

**APPLICATION TO OPERATE A FOOD ESTABLISHMENT**

Today's Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location Address: \_\_\_\_\_ **NATICK MA**

Mailing Address:  
(if different than above) \_\_\_\_\_

Telephone # at Establishment \_\_\_\_\_

Email Address \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

Type of Ownership: (circle one)

**A** Individual \***B** Partnership \***C** Corporation \***D** Association \***E** Other explain \_\_\_\_\_

\* if B, C, D, or E circled - provide Name, Title, Phone # and Home Address of Officers or Partners

Name

Title

Telephone #

Home Address

**Emergency Response Person or Zone, District, Regional Manager:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Manager of Food Establishment:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**OVER**

**Type of Food Establishment - check all that apply**

- ☐ Food Service ☐ Caterer
- ☐ Retail Food ☐ Residential Kitchen
- ☐ Incidental Retail Food (pre-packaged, non-refrigerated foods only) ☐ Institutional ex. School, Nursing Home, Day Care
- ☐ Mobile *complete unit information sheet and other permitting procedures as requested* ☐ Private Club, Church, Non Profit

**Duration of Permit:** ☐ Annual ☐ Seasonal ☐ \*Temporary Event *must list all food and where it is from*

**Day(s) and Hours of Operation / Temporary Event:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_ **Square Footage (for Retail):** \_\_\_\_\_

\*Temporary Event *must list the food to be served and where it is from; use an additional page if necessary*

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Person(s) Certified in:	Yes	No
Food Safety Management		
Allergen Awareness		
Anti-Choking Procedures <i>services with seating capacity of 25 or more must have a certified employee on site for each shift</i>		
<b><u>All applicable certifications shall be posted in a conspicuous place</u></b>		

By signing this I attest to the accuracy of the information provided in this application. Furthermore I affirm compliance with the provisions of 105CMR 590.000/Federal Food Code and allow the regulatory authority access to the establishment as specified in this Code.

Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Ch 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security # or Federal ID #

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

Please make checks payable to the ***Town of Natick*** and return to:  
The Board of Health, 13 East Central St., Natick MA 01760

**OVER**

## CONTRACTOR QUESTIONNAIRE

Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone on Site: \_\_\_\_\_ Email: \_\_\_\_\_

Owner / General Manager: \_\_\_\_\_

Please complete this form with all applicable information:

### **PEST CONTROL SERVICE** *(Required monthly or more frequently if needed)*

Name	
Address	
Telephone Number	

### **DUMPSTER CONTRACTOR** *(All dumpster contractors must be licensed by the Natick Board of Health)*

Name	
Address	
Telephone Number	

### **HOOD and DUCT CLEANING SERVICE** *(Required twice a year or more frequently if needed)*

Name	
Address	
Telephone Number	

### **RENDERING/GREASE WASTE DISPOSAL and REMOVAL SERVICE**

Name	
Address	
Telephone Number	

### **EXTERNAL GREASE TRAP/SEPTIC HAULER SERVICE** *(Quarterly Service. All Septic Haulers must be licensed by the Natick Board of Health and pump-out records submitted within fourteen (14) days of service)*

Name	
Address	
Telephone Number	